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Called to Compassion and Responsibility

A Response to the HIV/AIDS Crisis

November 1989
National Conference of Catholic Bishops

Following the Spring 1988 meeting of the National Conference of Catholic Bishops at Collegeville, Minnesota, an ad hoc committee was appointed to draft a statement on the AIDS epidemic. Approval of the text by the body of bishops was given during the plenary assembly in Baltimore, Maryland in November 1989. Accordingly, publication of this statement, *Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis*, is authorized by the undersigned.

Monsignor Robert N. Lynch
General Secretary
NCCB/USCC

November 28, 1989

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I. Introduction

1. The Many Faces of AIDS

The *Human Immunodeficiency Virus* (hereafter HIV) continues to spread throughout the world. As a contribution to the nation's response to this complex disease and its devastating consequences, we wish to help turn ignorance into understanding and understanding into action. We, the Catholic bishops of the United States, approach this task from the perspectives of faith and reason: faith which believes that health and sickness, life and death have new meaning in Jesus Christ;[1] and moral reasoning which supports the insights concerning human nature and individual dignity, which we here affirm. We address this statement to the Catholic community and to all people of goodwill. It is our hope that these reflections will stimulate discussion and foster understanding of the ethical and spiritual dimensions of the HIV crisis.

We speak conscious of the interest and discussion occasioned by the release in 1987 of *The Many Faces of AIDS: A Gospel Response* by the Administrative Board of the United States Catholic Conference.[2] As that document itself pointed out, it was "not intended to be the last word on AIDS, but rather a contribution to the current dialogue."[3] Meeting in Collegeville, Minnesota, in the spring of 1988, our conference of bishops committed itself to issuing a further document.[4]

There are good reasons for doing so. Public discussion concerning HIV has intensified in the last two years, and new facts, fears, and initiatives have emerged. The AIDS crisis has worsened. The need for compassion has grown more urgent. Also, we are mindful of the 1988 *Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic*,[5] which calls upon religious groups to be of "special assistance," especially by emphasizing "the worth and dignity of every human being."

The Many Faces of AIDS made several important points, which we now reaffirm.

1. AIDS is an illness to which all must respond in a manner consistent with the best medical and scientific information available.
2. As members of the Church and society, we must reach out with compassion to those exposed to or experiencing this disease and must stand in solidarity with them and their families.

3. As bishops, we must offer a clear presentation of Catholic moral teaching concerning human intimacy and sexuality.
4. Discrimination and violence against persons with AIDS and with HIV infection are unjust and immoral.
5. Social realities like poverty and oppression and psychological factors like loneliness and alienation can strongly influence people's decisions to behave in ways which expose them to the AIDS virus.
6. Along wih other groups in society, the Church must work to eliminate the harsh realities of poverty and despair.
7. The expression of human sexuality should resemble God's love in being loving, faithful, and committed. Human sexuality in marriage is intrinsically oriented to permanent commitment, love, and openness to new life.
8. The spread of AIDS will not be halted unless people live in accord with authentic human values pertaining to personhood and sexuality.
9. Since AIDS can be transmitted through intravenous drug use, there is need for drug treatment programs, a halt to traffic in illicit drugs, and efforts to eliminate the causes of addiction.
10. Considering the widespread ignorance and misunderstanding about HIV infection and its modes of transmission, educational programs about the medical aspects of the disease and legitimate ways of preventing it are also needed.

2. The Church's Concern

As we enter more deeply into the public dialogue regarding HIV infection, we are conscious of the social responsibility of the Church. In his encyclical letter *On Social Concern*, Pope John Paul II speaks of it in these terms:

> [T]he Church is an "expert in humanity," and this leads her necessarily to extend her religious mission to the various fields in which men and women expend their efforts . . . in line with their dignity as persons. . . . In doing so the Church fulfills her mission to evangelize . . . when she proclaims the truth about Christ, about herself and about man, applying this truth to a concrete situation. . . . The teaching and spreading of her social doctrine are part of the Church's evangelizing mission. And since it is doctrine aimed at guiding people's behavior, it consequently gives rise to a commit-

ment of justice, according to each individual's role, vocation and circumstances.[6]

As far as HIV is concerned, moreover, social responsibility has an important international dimension. The problem is not confined to the United States and cannot be solved only here. We are deeply conscious of the devastation this terrible disease is bringing to many other parts of the world. The United States must play a significant role in responding to the worldwide dimension of the disease.

The Church enters into this conversation in the conviction that "faith throws a new light on everything, manifests God's design for man's total vocation, and thus directs the mind to solutions which are fully human" (*Pastoral Constitution on the Church in the Modern World*, n. 11). Indeed, "only God . . . provides a fully adequate answer to these questions. This He does through what He has revealed in Christ His Son . . ." (ibid., n. 41).

The 1988 *Report of the Presidential Commission* states: "The term 'AIDS' is obsolete. 'HIV infection' more correctly defines the problem. The medical, public health, political, and community leadership must focus on the full course of HIV infection rather than concentrating on later stages of the disease (ARC and AIDS)" (Executive Summary, XVIII).

3. Progress to Date

Real progress has been made in the battle against HIV infection. For example:

- Dioceses throughout the United States have made significant strides in addressing the HIV epidemic. The steps include providing care for children with AIDS, opening and maintaining hospices for persons with AIDS, maintaining facilities for homeless people, providing pastoral and health care through Catholic health facilities, implementing HIV education programs, and publishing documents that address the issue of HIV infection and its prevention.
- The medical community has developed therapies that extend the lives of people with HIV infection while enhancing their quality. New discoveries raise hopes for the eventual cure or prevention of the disease.
- The federal government has adopted a more realistic ap-

proach to this health crisis. The twelve chapters of the 1988 *Report of the Presidential AIDS Commission* contain important recommendations requiring close study and response.[7]

- Numerous volunteer groups and organizations, including those of the homosexual communities, have made sigificant efforts in caring for those with HIV and have developed new and effective services to help meet the many unmet needs of those who are ill.

Many, though not all, persons with AIDS have many of the following characteristics: young; alienated from family; frightened (of isolation and abandonment, of pain and suffering, of dependency and loss of control); embarrassed and/or guilty; more or less alone; possibly angry; isolated by societal attitudes and a backlash of anger; without financial resources.

4. The Obstacles Remaining

Numerous obstacles to addressing the AIDS problem still remain.

- Self-abusive behavior through drug abuse and sexual promiscuity continues in this country.
- Lack of education about HIV in large segments of the society fosters continued misunderstanding about the epidemic. For example, confusion about how the infection is transmitted generates some unwarranted fear and undue alarm.
- Technology often outpaces ethical reflection; the study of ethics is widely neglected in school curricula.
- People infected with HIV or at risk of infection may not be aware of their situation; others shirk their basic moral obligation to refrain from behavior that can do grave harm to others.
- Public campaigns often promote solutions that are contrary to morality and against human dignity.
- Persons infected with HIV still too often suffer discrimination, disrespect, violence, and inhumane treatment.
- There is a lack of adequate housing, "step-down units," and home health care.
- Federal funding for AIDS care remains insufficient.

5. *More to Accomplish*

While encouraged by progress in the struggle with HIV, we must not exaggerate it. Where research is concerned, for example, the Fifth International Conference on AIDS held in Montreal in June 1989 noted that even the well-studied AIDS virus known as HIV-1 has not yielded up all its secrets.

HIV infection is transmitted mainly in three ways: through sexual contact (e.g., exchange of blood, semen, and vaginal secretions); through parenteral exposure (needle-sharing for drugs, blood transfusions); and through perinatal exposure (i.e., a mother infected with HIV can transmit the virus to her baby during pregnancy, delivery, or breast feeding).

Statistics show that AIDS is spreading, with large increases in AIDS cases and deaths projected in the years ahead. As many as 54,000 Americans may die from AIDS during 1991 alone.[8]

More accurate statistical systems to monitor HIV infection are badly needed. Since many people are infected with HIV for long periods before showing symptoms of AIDS, health officials still do not know the current extent of the epidemic. Not only will the lives of many of these infected persons be substantially shortened, all of them also are capable of transmitting the infection and thereby spreading the epidemic.

Furthermore, without better data the nation cannot really know whether current strategies for controlling the spread of the virus are working. Nor will we be able to prepare adequately for future demands for hospital beds and health-care services.

As we write, the number of diagnosed AIDS cases in the United States is more than 100,000.

- HIV is increasingly emerging as a problem for minorities and the homeless in inner cities.
- In most parts of the country AIDS remains largely a disease of homosexual men.
- Nearly 20,000 Americans are expected to be afflicted with AIDS in the next four years from transfusions administered before HIV blood-screening was begun.
- Higher rates of AIDS among adults have resulted in more cases among newborn children who were infected by their mothers' blood in the womb. No less tragic are AIDS cases among children born to drug-addicted parents.[9]

All this bears out an assertion made at the 1989 Montreal International Conference on AIDS: The HIV epidemic is following an

population. It will likely continue to spread, if not in epidemic form, then in a persistent, more stable "endemic" (literally, "dwelling with the people") form.

- The threat of epidemic and endemic disease will be most serious for groups most heavily seeded with HIV infection. These are IV drug users and homosexual and bisexual men who have sex with men, as well as their female sexual partners and offspring.
- AIDS data suggest that the African American and Hispanic populations may be more heavily seeded with HIV infection than other ethnic groups and may be disproportionately threatened by the virus.[14]

The second problem concerns discrimination arising from ignorance and fear.[15] The 1988 *Presidential Report* affirms: "Fear and misunderstanding about HIV infection has been the underlying cause of much of the anxiety, hostility, and discrimination shown towards HIV-infected individuals." The result has been a variety of unconscionable deeds: the fire-bombing of a family's home because their sons had AIDS; the exclusion of students from school because they are infected with HIV; the isolation and virtual quarantining of other children in school situations; refusal by physicians and health-care workers to care for persons with AIDS; and assertions that a cure for AIDS will never be found because it is God's judgment on its victims.

The third problem is the refusal to discuss publicly the direct link between sexual activity and intravenous drug use on the one hand and HIV/AIDS on the other. Silence about the connection between these forms of behavior and HIV/AIDS is not only intellectually dishonest, but unfair to those at risk.

HIV/AIDS must be opposed with early diagnosis, testing, education, counseling, and persuasion. People must be shown the right thing to do and encouraged to make right choices. The discovery of effective therapies or vaccines, desirable as those are, would not change the need for personal accountability and response. In this respect, the HIV/AIDS epidemic is similar to outbreaks of other, nonfatal diseases transmitted by particular kinds of behavior. For example, gonorrhea and syphilis persist in the United States even though drugs effective against them have been available for forty years. The obvious lesson is that to eradicate some diseases, people must desist from the behavior that spreads them. Given the severity of the HIV/AIDS epidemic, this need is particularly great.

The spread of HIV can be controlled by lasting changes in the way people act. We repeat: People need education and motivation, so that they will choose wisely and well. Providing information that is both

accurate and appropriate is a logical and necessary starting point. This requires understanding an intended audience in order to formulate and deliver a persuasive message. Educational programs and public information campaigns cannot rely simply on fear as a motive. They must provide convincing assurances that something can be done to prevent infection—that the changes in behavior that are being recommended are possible and will do some good. These educational programs should be directed to both individuals and groups.

8. The Intent of This Document

In the remainder of this document we issue five calls: to compassion, to integrity, to responsibility, to social justice, and to prayer and conversion. For: "The joys and the hopes, the griefs and the anxieties of the people of this age, especially those who are poor or in any way afflicted, these too are the joys and the hopes, the griefs and the anxieties of the followers of Christ."[16]

II. A Call to Compassion

1. Compassion and Human Dignity

Compassion is much more than sympathy. It involves an experience of intimacy by which one participates in another's life. The Latin word *misericordia* expresses the basic idea: The compassionate person has a heart for those in misery. This is not simply the desire to be kind. The truly compassionate individual works at his or her own cost for the others' real good, helping to rescue them from danger as well as alleviate their suffering.

2. The Ministry of Jesus

We learn compassion's meaning from the model of Jesus. His ministry contains many examples. He gives sight to the blind (Matthew 20:30-34; Mark 10:46-52; Luke 18:35-43) and makes the crippled walk (Matthew 9:2-7; Mark 2:3-5; Luke 5:18-24); he touches and heals lepers (Matthew 8:3; Mark 1:41; Luke 5:13); he shares a meal with people considered legally impure (Matthew 26:6; 9:10; 11:11;

Mark 2:15-16; Luke 5:30); he shames the judges of the adulterous woman and forgives her sin (John 8:1-10). With compassion, Jesus breaks through the barriers of sickness and sinfulness in order to encounter and heal the afflicted.

He tells us to do as he did, for "Whatever you did for the least brothers of mine, you did for me" (Matthew 25:40). We need to bear in mind his warning on this matter.

> When the Son of Man comes in his glory . . . all nations will be assembled before him. . . . Then he will say to those on his left, "Depart from me, you accursed. . . . For I was hungry and you gave me no food, I was thirsty and you gave me no drink, a stranger and you gave me no welcome, naked and you gave me no clothing, ill and in prison, and you did not care for me. . . . What you did not do for one of these least ones you did not do for me." And these will go off to eternal punishment (Matthew 25:31-32, 41-46).

3. The Good Samaritan

The story of the Good Samaritan presents the call to compassion in concrete terms (Luke 10:30-37). Pope John Paul graphically demonstrated its meaning when in 1987 he embraced a young boy with AIDS at Mission Dolores Basilica in San Francisco. This was a way of saying that in each case AIDS has a human face, a unique personal history. The Holy Father verbalized that message on Christmas Day 1988, in his "*Urbi et Orbi*" blessing. "I think of them all, and to all of them I say, 'Do not lose hope'." And he added that those with AIDS are "called to face the challenge not only of their sickness but also the mistrust of a fearful society that instinctively turns away from them." On May 4, 1989, he returned to this subject, declaring in a homily in Lusaka that the Church "proclaims a message of hope to those of you who suffer . . . to the sick and dying, especially those with AIDS and those who lack medical care."[17]

In his apostolic letter *On the Christian Meaning of Human Suffering* (1984),[18] Pope John Paul calls each of us to imitate the Good Samaritan: "Man owes to suffering that unselfish love which stirs in his heart and actions. The person who is a 'neighbor' cannot indifferently pass by the suffering of another."[19]

In his 1987 visit to Mission Dolores Basilica, Pope John Paul spoke of the meaning of compassion—again, in the specific context of AIDS.

> [T]he love of God is so great that it goes beyond the limits of human language, beyond the grasp of artistic expression, beyond human understanding. And yet it is concretely embodied in God's son, Jesus Christ, and in his Body the Church. . . . God loves you all, without distinction, without limit. He loves those of you who are elderly, who feel the burden of the years. He loves those of you who are sick, those who are suffering from AIDS and from AIDS-Related Complex. He loves the relatives and friends of the sick and those who care for them. He loves us all with an unconditional and everlasting love.[20]

Persons with AIDS are not distant, unfamiliar people, the objects of our mingled pity and aversion. We must keep them present to our consciousness, as individuals and a community, and embrace them with unconditional love. The Gospel demands reverence for life in all circumstances. Compassion—love—toward persons infected with HIV is the only authentic gospel response.

III. A Call to Integrity

1. The Dignity of the Human Person

In his 1980 encyclical *Rich in Mercy,* Pope John Paul says that compassion and mercy are rooted in the recognition of human dignity and integrity. Authentic compassion and mercy call us to "a whole lifestyle [that] consists in the constant discovery and persevering practice of love as a unifying and also elevating power despite all difficulties of a psychological or social nature" (n. 14).

In praying to the Father "That they may all be one . . . as we are one" (John 17:21-22), Jesus revealed something we could not have known by ourselves: There is a likeness between the unity of the divine persons in the Trinity and the unity of human persons with one another. In practical terms, we learn from the model of the Trinity that we become most fully ourselves by giving ourselves to others.[21] An abuse of self is somehow also an act of injustice to others, and, by the same token, the abuse of others is an abuse of self and an abuse of our relationship with God, the Creator and Father of us all.

All human beings are created in God's image and are called to the same end, namely, eternal life in communion with God and one another. For this reason, the greatest commandment is to love the

Lord with all one's heart and soul and mind, and the second is like the first: to love one's neighbor as one's self.[22] For people growing daily more mutually dependent and a world in which interdependence is increasing, this is a truth of paramount importance since it provides a transcendent rationale for the pursuit of good human relationships.

2. Human Integrity

God is love (1 John 4:9). This means that the inner reality of God is a mystery of relationship. But God has created humankind to share in his divine life (Genesis 1:26-27). The basic goodness of humanity is confirmed in Genesis 1:31: "God looked at everything he had made, and he found it very good."

Pope Paul VI in his encyclical *Humanae Vitae* (1968) underscored the importance of the "total vision of man" (n. 7). Yet today this "total vision" is often dismissed or ignored in favor of particular elements or aspects of personhood and limited ideas of human fulfillment.

Fundamentally, we are called to realize the basic goodness of our personhood as God has created it. This is not a prerogative or an obligation only for Christians. Everyone, whether believer or nonbeliever, is obliged to honor the integrity of the human person by respecting himself or herself along with all other persons.[23]

The meaning of sexuality and personhood can only be fully discerned within this framework of human integrity. In God's plan as it existed at the beginning (Genesis 1:1, 17) we find the true meaning of our bodies: We see that, in the mystery of creation, man and woman are made to be a gift to each other and for each other. By their very existence as male and female, by the complementarity of their sexuality, and by the responsible exercise of their freedom, man and woman mirror the divine image implanted in them by God.

The Church makes an invaluable contribution to society by pointing out that the full meaning of human integrity is found within the context of redemption and its call in Christ to "live in newness of life" (Romans 6:4).[24] Saint Paul reminds us that redemption means, among other things, that we must "respect" our own bodies and the bodies of others and must live always "in holiness and honor." By self-respect and mutual respect we observe God's original plan.

Originally, God endowed our bodies with a harmony which Saint Paul speaks of as "mutual care of the members for one another." It corresponds to that authentic "purity of heart" by which man and woman "in the beginning" were able to unite as a community of persons. Now, by redeeming us, Jesus graces us with a new dignity:

the Holy Spirit dwelling within us. We are called to live as temples of the Spirit.

All this requires that we understand ourselves, and live, not just naturalistically, as it were—as bundles of bodily drives and instincts—but in a manner that respects the integrity of our personhood, including its spiritual dimension. Through the grace of the Spirit, that can be done.

3. The Challenge of Chastity

Human integrity requires the practice of authentic chastity. Chastity is understood as the virtue by which one person integrates one's sexuality according to the moral demands of one's state in life. It presupposes both self-control and openness to life and interpersonal love, which goes beyond the mere desire for physical pleasure. In particular, desire for union with another must not degenerate into a craving to possess and dominate. Chastity calls us to affirm and respect the value of the person in every situation.

While chastity has special meaning for Christians, it is not a value only for them. All men and women are meant to live authentically integral human lives. Chastity is an expression of this moral goodness in the sexual sphere. It is also a source of that spiritual energy by which, overcoming selfishness and aggressiveness, we are able to act lovingly under the pressure of sexual emotion. Chastity makes a basic contribution to an authentic appreciation for human dignity.

4. Obstacles to Integrity and Chastity

Many factors militate against the practice of chastity today. Our culture tends to tolerate and even foster the exploitation of the human person. People are pressured to seek power and domination, especially over other persons, or else to escape into self-gratification. Television, movies, and popular music spread the message that "Everybody's doing it."

One can scarcely exaggerate the impact this has. Casual sexual encounters and temporary relationships are treated on a par with permanent commitment in marriage. It is taken for granted that fidelity and permanence are not to be expected, and may even be undesirable. Sin is made easy because the reality of sinfulness is denied.

What is sin? It is an act motivated by the deliberate refusal to live

according to God's plan. It is a disruption, more or less serious, of the order that should prevail in our relationships with God and with one another. It is the root cause of alienation and disintegration in individual and social life. It is a practical denial of God's presence in oneself and one's neighbor.

5. The Challenge and Call to Youth

A. Hope of the Future

The obstacles to human integrity of which we speak are especially daunting today for young people. Yet the Church sees in the young the hope of the future. As Pope John Paul said at the youth assembly in Los Angeles in 1987: "The future of the world shines in your eyes. Even now you are helping to shape the future of society."[25]

That underlines how necessary it is that the rest of us help young people live chaste and responsible lives. Youth should be a time of idealism. And most young people do wish to do what is right. They want to be responsible, and they are capable of understanding that authentic integrity, while demanding much of them, offers them rich rewards in individual and communal fulfillment. Adults for their part must actively support young people, not stand by idly while media and other social influences inundate them with amoral and immoral messages.[26]

Integrity and chastity, which we propose here, are virtues that, with God's grace, can be realized by all people of goodwill, by people of any religion and indeed of no religion. But their realization not only presupposes a creation that is good, it presupposes a willingness on society's part to create and sustain a social environment in which individuals truly can know and choose what is right.

Perhaps the most important thing that adults can do in this regard is themselves to be models of upright living. Young people are bewildered by the contradiction between adult preachments about the dangers of drugs and alcohol and adult reliance on the same substances; by adult messages on the theme of sexual responsibility and adult models of extreme irresponsibility in the sexual sphere. This sort of double standard has a debilitating impact on the young.

B. Youth, Sexuality, and Marriage

The sexual dimension of a person is ordered to the establishing and maintaining of honest, committed personal relationships. The

Holy See's *Declaration on Certain Questions Concerning Sexual Ethics* affirms that sexuality is not only "one of the principal formative elements in the life of a man or woman" but also "the source of the biological, psychological and spiritual characteristics which . . . considerably influence each individual's progress toward maturity and membership in society" (n. 1).

Sexual intercourse is an expression of maturity achieved within the committed relationship of marriage. Adolescents who engage in sexual intercourse are sometimes misled into believing that they have already arrived at maturity; indeed, many are pressured to have sexual intercourse precisely as a sign that they have reached adulthood. Not only is this a great temptation for them, it fails the test of human integrity.

Sexual intercourse is meant to be both exclusive and committed, and it has these characteristics only in marriage. It should never be regarded as a form of conquest or as a means of paying for attentions. One of the great evils of casual sexual intercourse is that, more often than not, the relationship is exploitative for one or both of the parties.

Nor does sex before marriage really shed light on whether a potential partner is, for example, trustworthy, even-tempered, capable of loving and being loved, caring, affectionate, industrious, considerate, faithful, sensitive, stable, disciplined. It takes time and a variety of different friendships to find a suitable marriage partner. During adolescence, young people should be developing attachments and testing them through companionship. In this process, sexual intercourse is not a research tool for ascertaining compatibility. Rather, it is meant for marriage, to express and complete a compatibility whose existence has already been established by more reliable means.

Sexual intimacy is thus a sign of a special kind of relationship, which has two inseparable aspects: It is unitive (the persons give themselves unreservedly to each other, take permanent and public responsibility for each other, accept the risk of a shared life), and it is procreative (that is, fundamentally related to begetting, bearing, and raising children).

Sexual intercourse is the expression of this special marital relationship. Only in the context of this relationship do genital sex acts have full human meaning. It is marriage that gives intercourse its true meaning.

Once a man and woman are married, they begin a journey that is uniquely theirs. Sexual intercourse forms part of the background against which they grow in love and knowledge of each other. The words of Pope John Paul in *Familiaris Consortio* are of great importance: "To bear witness to the inestimable value of the indissolubility

and fidelity of marriage is one of the most precious and most urgent tasks of Christian couples in our time" (n. 20). Important, too, is what he said to young people in 1987 at the Louisiana Superdome:

> Jesus and His Church hold up . . . God's plan for human love, telling you that sex is a great gift of God that is reserved for marriage. At this point, the voices of the world will try to deceive you with powerful slogans, claiming that you are unrealistic, out of it, backward, even reactionary. But the message of Jesus is clear: Purity means true love and it is the total opposite of selfishness and escape.[27]

C. Youth and HIV

National studies on contraception and teenage pregnancy suggest that young people are not particularly knowledgeable or skillful in dealing with their sexual lives. Moreover, teenage pregnancy is very often related to socioeconomic problems. The experience of poverty is frequently accompanied by fatalism, deprivation, and boredom, while pregnancy holds out the promise of status and a sense of self-worth. These circumstances have at least two implications for the transmission of HIV. First, there is a large group of heterosexually active but relatively immature young people; second, there is little understanding of how to encourage change in their behavior patterns once these are already well established.

This, however, is scarcely a problem only for the poor. Today sexual intercourse seems to be an element in the experience of a majority of young people in our country.[28] For some, apparently, it is no longer linked to marriage or even to permanent relationships. Yet, at the same time, many young men and women feel profound anxiety in their struggles to establish sexual identity and fit sexuality into their lives. This underscores how critically important it is that the moral and religious values we have sketched in speaking of integrity and sexuality be properly taught to the young.

Education in human sexuality that tells young people in effect that abstinence and "safe sex" are equally acceptable options sends a contradictory, confusing message. Nor should education in sexuality be reduced to mere biological facts and processes, unrelated to their ethical significance.

We repeat: Young people need to know the human and religious meanings of personal integrity and chastity. Chastity requires treating the gift of human sexuality with reverence. Chastity is both a human attitude and a spiritual gift that helps overcome selfishness and aggressiveness. It empowers people to act lovingly while avoiding

destructive relationships that are superficial and trivializing.[29]

Jesus tells us: "Love one another as I have loved you" (John 15:12). His self-giving, life-giving love led him to accept the cross as an unavoidable part of carrying out his redemptive mission. In the name of self-giving love, we too must accept the discipline of sacrifice so as to achieve true happiness and fulfillment for ourselves and others. Casual and permissive sex does not prepare people for faithfulness in marriage or help them appreciate the sanctity and dignity of the human person.

IV. A Call to Responsibility

1. AIDS and Homosexuality

It is a matter of grave concern that, while many homosexual persons may be making changes in specific sexual practices in response to HIV/AIDS, fewer may be choosing to live chaste lives.[30] This further underlines the critical importance of the Church's teaching on homosexuality.

In 1975 the Congregation for the Doctrine of the Faith presented this teaching in its *Declaration on Certain Questions Concerning Sexual Ethics*.[31] The document reiterates the Church's constant teaching regarding the intrinsic immorality of homosexual activity, while recognizing that not every homosexual is "personally responsible" for his or her homosexual orientation.

The teaching was further clarified in 1986 in the Congregation's *Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons*. It affirms the Church's view that heterosexuality is normative. While homosexual inclination in itself is not a sin, neither is homosexual activity "a morally acceptable option."[32] This conclusion rests on the vision in Genesis of the God-given complementarity of male and female and the responsibility for the transmission of human life.

HIV and AIDS have had a terrible impact on the homosexual community. The *Report of the Presidential Commission* says, for example, that "Violence against those perceived to carry HIV . . . is a serious problem. The Commission has heard reports in which homosexual men in particular have been victims of random violent acts that are indicative of some persons in society who are not reacting rationally to the epidemic. This type of violence is unacceptable and should be condemned by all Americans" (9-103). We emphatically condemn such

violence. It is entirely contrary to gospel values.

The Church holds that all people, regardless of their sexual orientation, are created in God's image and possess a human dignity which must be respected and protected. Thus we affirmed in *To Live in Christ Jesus* (1976): "The Christian community should provide them [homosexual persons] with a special degree of pastoral understanding and care" (n. 9). Specific guidelines regarding such pastoral support are found in our 1973 document *Principles to Guide Confessors in Questions of Homosexuality.* It envisages a pastoral approach that urges homosexual persons to form chaste, stable relationships.[33]

2. AIDS and Substance Abuse

As we have stressed, however, HIV/AIDS is by no means exclusively a homosexual problem. Intravenous drug use also plays a large role in the spread of HIV. Nearly 70 percent of the reported cases of heterosexually acquired AIDS in the United States have been associated with IV drug use; almost 75 percent of pediatric AIDS cases have been diagnosed in cities with high seroprevalence rates among IV drug users. These data, combined with the potential for the rapid spread of HIV infection among IV drug users through needle-sharing, define a problem whose solution requires both immediate action and long-term research.

Drugs and HIV are linked in several ways.

1. Direct transmission of HIV occurs through the sharing of hypodermic needles, syringes, and paraphernalia used in "shooting up" drugs.
2. Sexual transmission occurs from infected IV drug users to their sexual partners.
3. Perinatal transmission occurs when women who are IV drug users or the sexual partners of drug users become infected and transmit the virus to their infants during pregnancy, delivery, or breast feeding.[34]

One must also recognize the fact of increased sexual risk and needle-using behavior on the part of persons under the influence of drugs or alcohol. Even with good intentions, abusers may not live up to promises they have made to themselves and others. Those at risk because of their use of alcohol and drugs are called to change their behavior. They merit our special attention and need to be embraced in light of their double burden of illness and addiction.[35]

In evaluating the moral issue here, it is important to see substance abuse as an actual or potential disease for some persons—a disease, however, for which there are treatment and hope. It should not be supposed that a confirmed substance abuser can simply stop, and this assumption—that the addict would stop if he or she really wanted to—can easily become a rationale for not aggressively encouraging treatment. Often, drug or alcohol abuse points to an underlying emotional illness of which it is a symptom rather than the cause. We believe those who suffer from substance abuse should be referred to appropriate treatment programs and should also receive necessary mental health counseling.[36]

While drug abuse is a chronic, progressive, life-threatening disease, addicts can be freed from this form of enslavement. Participation in a treatment program is as an interim step that allows substance abusers to receive comprehensive psychological help and counseling on how to avoid HIV.

As that suggests, drug dependency treatment should always be accompanied by education and counseling about the risk of infection and how to avoid it. Education for intravenous drug users who reject treatment should focus on the risk of repeated exposure to HIV and on the availability of help in conquering their addiction.

In this whole area, education and treatment are of paramount importance. Specific programs suited to particular groups are needed. Persons who have not begun intravenous drug use but are at risk of doing so may be reached through programs in elementary and high schools; those who do not attend school may be reached through health clinics and clinics for sexually transmitted disease, neighborhood and religious groups, day-care centers, employers, job-training programs, and street outreach projects; in areas with high rates of drug use, health departments can open storefront AIDS education centers and use mobile vans, with staffing by professionals and "street smart" personnel.

Education and treatment aimed at changing behavior are the best way to control the spread of HIV among intravenous drug users and to prevent passage of the virus to their sexual partners and to children in the womb. Although some argue that distribution of sterile needles should be promoted, we question this approach for both moral and practical reasons:

- More drug use might result while fewer intravenous drug users might seek treatment.
- Poor monitoring could lead to the increased spread of HIV infection through the use of contaminated needles.
- Distribution of sterile needles and syringes would send

message that intravenous drug use can be made safe. But IV drug users mutilate and destroy their veins, introduce infection through contaminated skin, inject substances that often contain lethal impurities, and risk death from overdoses.

A better approach to the drug epidemic would be increased government support for outreach and drug treatment programs.

3. AIDS and the Use of Prophylactics

The "safe sex" approach to preventing HIV/AIDS, though frequently advocated, compromises human sexuality and can lead to promiscuous sexual behavior. We regard this as one of those "quick fixes," which the *Report of the Presidential Commission* says foster "a false sense of security and actually lead to a greater spread of the disease."

Sexual intercourse is appropriate and morally good only when, in the context of heterosexual marriage, it is a celebration of faithful love and is open to new life. The use of prophylactics to prevent the spread of HIV is technically unreliable.[37] Moreover, advocating this approach means, in effect, promoting behavior that is morally unacceptable. Campaigns advocating "safe/safer" sex rest on false assumptions about sexuality and intercourse. Plainly they do nothing to correct the mistaken notion that nonmarital sexual intercourse has the same value and validity as sexual intercourse within marriage.[38]

We fault these programs for another reason as well. Recognizing that casual sex is a threat to health, they consistently advise the use of condoms in order to reduce the danger. This is poor and inadequate advice, given the failure rate of prophylactics and the high risk that an infected person who relies on them will eventually transmit the infection in this way. It is not condom use that is the solution to this health problem but appropriate attitudes and corresponding behavior regarding human sexuality, integrity, and dignity.

By contrast, there is an urgent need for education campaigns in the media, in schools, and in the home that foster a view of human sexuality that is sound from every point of view.[39] At the same time, we are conscious of the powerful relationship between economics—the profit motive—and the promotion of contraceptives, pornography, and the marketing of sex in entertainment. This fact should be taken into account in our education efforts.

V. A Call to Social Justice

1. Continued Research and Care

We urge continued scientific and medical research aimed at finding a cure for HIV as well as treating persons with AIDS. Government agencies should draw up clear educational guidelines on the use and effectiveness of new and emerging drugs (e.g., AZT, azidathymidine).[40] Similarly, government and private agencies should provide the public with information about new methods and drugs.

Social justice also requires that public and private agencies seek creative ways to meet the health and human service needs of those who are HIV positive. To date, acute general hospitals have borne the primary burden of caring for this population. It is imperative that a continuum of care be developed that allows for the integration of all necessary services within a given community: nutritional services, home health care, ambulatory care, transportation, hospital services, extended and/or skilled nursing care, and hospice services.

Such a system of care will assure the appropriate placement within the continuum of care of persons who are HIV positive or who have AIDS and will avoid placing an unnecessary and inappropriate burden on any given sector of the provider community. All health and human services for persons who are HIV-positive or who have AIDS should be delivered in a sensitive and nondiscriminatory manner. At the same time, we also recognize the right of surgeons and other medical personnel to adequate protection against HIV.[41]

The health and human services described should be available to all who suffer from the disease including those without the resources to pay.[42]

2. Routine Voluntary Testing and Educational Programs

Broadly based routine voluntary testing and educational programs are needed as a matter of public policy. These voluntary programs should always guarantee anonymity and should be preceded and followed by necessary counseling for individuals diagnosed as HIV-positive or negative. Counseling should supply information about the disease, the moral aspects involved, immediate emotional support, and information about resources for continuing emotional and spiritual support. It should also underscore, sensitively but

forthrightly, the grave moral responsibility of individuals with HIV to inform others who are at risk because of their condition.

3. Immigrants and Refugees

There are special problems associated with HIV testing for immigrants and refugees: For example, false positive test results from other countries may have the effect of excluding people from the U.S. In addition, permanent resident aliens may be unjustly deported before their circumstances can be adequately examined. A more flexible and humane government policy seems necessary.

4. The Person with HIV/AIDS as a Handicapped or Disabled Person

A growing body of legislation considers the individual with HIV a handicapped or disabled person. In 1978, in a statement on persons with disabilities, we said: "Defense of the right to life . . . implies the defense of other rights that enable the individual with disabilities to achieve the fullest measure of personal development of which he or she is capable" (*Pastoral Statement of the U. S. Catholic Bishops on Persons with Disabilities* [November 15, 1978; revised 1989] para. 10).

Pope John Paul has recently spoken to this same point, defending the inalienable dignity of all human persons and the need especially to protect those "who are vulnerable and most helpless: this is the task which the Catholic Church, in the name of Christ, cannot and will not forsake."[43]

Discrimination against those suffering from HIV or AIDS is a deprivation of their civil liberties. The Church must be an advocate in this area, while also promulgating its own nondiscrimination policies in employment, housing, delivery of medical and dental care, access to public accommodations, schools, nursing homes, and emergency services.

5. Those Who Care for Persons with HIV

The provision of HIV/AIDS services involves some unusual problems. One of these is stress on staff. Many feel a growing and eventually intolerable sense of helplessness as they watch patients,

mostly young people, die. In providing services, it is important to take into account how long a particular individual can remain on the front line, as it were, and to provide support systems that help these dedicated people deal with their own grief and anger. We also urge all health facilities to develop practical guidelines to protect physicians, nurses, paramedics, and all other health-care workers against contracting HIV and to provide adequate training and supplies for infection control.

Similar guidelines should be developed for the protection of law enforcement and corrections personnel and others in public service who may be at risk.

Dioceses should also develop guidelines not only for preventing infection but also for respite and counseling for health-care professionals, volunteers, and pastoral workers, and for family and loved ones who care for HIV-infected persons.

While some have allowed their disapproval of the actions of certain persons with AIDS to interfere with the provision of care to these persons, the *Report of the Presidential Commission* points out that this is a "minority view" (Section VII). Generally speaking, health-care workers tirelessly provide quality care to HIV sufferers with compassion and sensitivity. We applaud and thank them and we encourage all health professionals to rise to the same high level of care and beneficence.

6. Families of Persons with AIDS

The consequences of whether a person with HIV/AIDS lives hopefully or dies in despair are borne not only by that individual but also by his or her entire family.[44] An HIV or AIDS diagnosis may mark the first time the family has had to confront a loved one's drug problem or homosexuality. This sharp encounter with a difficult reality can lead to anger, guilt, sorrow, and even rejection on the part of family members; it can even drive a family into a kind of collective isolation. Families should recognize that Jesus has set for all of us an example of loving kindness to all persons and that he calls us to reconciliation with those from whom we have been estranged.

Catholic communities, especially parishes, should reach out to these families with understanding and practical help—for example, by providing respite-time from caring for their sick members. Acceptance and emotional and spiritual support are crucial needs.

Families of HIV patients badly need to talk about what they are experiencing. Although family members usually are ambivalent about

disclosing the nature of their relative's disease to outsiders, it is important for them to communicate. The Catholic community should create networks of people prepared to assist such families in this way.

7. The Public Good and Confidentiality

A. Nondiscrimination and Individual Privacy

Our understanding of the common good expresses our vision as a people of the kind of society we want this to be. The common good is, therefore, central to the evaluation of legislative and public policy proposals. Two objectives are fundamental to any adequate understanding of the common good: first, preserving and protecting human dignity while guaranteeing the rights of all; second, caring for all who need help and cannot help themselves.

The appropriate goals of AIDS-related legislation include helping to prevent the transmission of HIV; providing adequate medical care; and protecting civil rights, that is, nondiscrimination in employment, schooling, entertainment, business opportunities, housing, and medical care, along with the protection of privacy.

Dioceses and church-related institutions should also pursue these objectives in appropriate ways through their own policies and practices. Their hiring decisions, for example, should not be based on the fact that particular job applicants are HIV-infected but on other factors such as qualifications, ability to do the work, and moral character.

Individual privacy and liberty are highly valued in our society. Liberty, however, carries with it the obligation not to harm or interfere with others. If HIV-infected persons have rights that others must respect, they also must fulfill their fundamental ethical responsibility to avoid doing harm to others. As the *Report of the Presidential Commission* says, this is "an affirmation of the rights of others" (9-99).

B. Rights of the Human Person

Framing and implementing public policy frequently requires the balancing of individual and community rights and interests. With respect to HIV/AIDS, it is important to infringe as little as possible, in light of community needs, on individual liberty, privacy, and confidentiality. Other, quite specific, conditions must also be met. For example, respect for persons requires informing people that they are being tested when donating blood; they also have a right to be informed of

test results; and both pre- and post-testing counseling should be available.[45]

Although specific exceptions might be made, universal mandatory testing does not seem justified at this time.

C. Disclosure and Confidentiality: General Guidelines

While the presumption should always favor confidentiality, there may be circumstances that warrant disclosure. In deciding for disclosure or confidentiality in a particular case, the following points are relevant.

1. The two main factors in favor of disclosure are (a) the need to prevent the infection of others and (b) the need to provide medical care to the person who is HIV-positive or has AIDS. If disclosure in a particular case will reduce the danger of infection to others or increase the ability to treat the individual effectively, it may be the right course of action if no other effective action is possible.
2. Of primary importance in weighing the individual's interest in and right to confidentiality are (a) the ability to confine the disclosure to those who have the right to know, (b) the likelihood that recipients of the information will use it for proper purposes, and (c) the obligation to maintain patient confidentiality.

VI. A Call to Prayer and Conversion

1. Discover Christ in Those Who Suffer

Our response to persons with AIDS must be such that we discover Christ in them and they in turn are able to encounter Christ in us. Although this response undoubtedly arises in the context of religious faith, even those without faith can and must look beyond suffering to see the human dignity and goodness of those who suffer.

Without condoning self-destructive behavior or denying personal responsibility, we reject the idea that this illness is a direct punishment by God.[46] At the same time, we recognize that suffering and sickness are consequences of original sin, which each of us has confirmed by personal sin.

Even as he permits human suffering, however, God wills to bring out of it some greater good for our sake. Jesus reveals a God who is compassionate and forgiving. Sinners are special objects of his merciful love. And who are the sinners? We have all been touched by original sin, and all of us commit personal sins of our own. The story of the prodigal son (Luke 15:11-32) calls each of us to personal conversion and reform. The prodigal son discovered that the way he had chosen, the way of sin, was leading him to death. His very life hung on the choice to return to his father. And the father's love was so total, so unconditional, that he joyfully welcomed his son home. Mindful of our own misguided and sinful choices, we also must return to God, our Father, who waits to embrace us with open arms.

2. Suffering and Death

Pope John Paul urges those who suffer never to lose heart. Christ, the innocent Son of God, knew suffering in his own flesh. For us, too, suffering, accepted and lived as Jesus accepted and lived it, can be redemptive.[47]

Faith does not tell us to seek suffering for its own sake, but it does tell us that suffering and death, joined to the suffering and death of Jesus, the Lord of life, lead ultimately to growth, fulfillment, and lasting joy. The experience of suffering can be a vital time in one's life, a time for becoming reconciled both to life and to death and for attaining interior peace.[48]

Finally, suffering and death lead to the resurrection. Death is not the end. Christ gathers up suffering, sin, and death into his triumph. His resurrection means we also have a future which God is preparing for us in the midst of suffering and death, just as Christ's glory was being prepared on the cross.

But suffering has meaning not just for those who suffer. In the case of HIV and AIDS, the entire Christian and human community is called to respond with compassion, love, and support. Any suggestion of assisted suicide or euthanasia as a response offends against human integrity and God's law. Our fundamental task is to assist the suffering and dying, not to terminate their lives.

Every human death somehow mirrors the death of Christ: It is the entrusting of the spirit to him who created us for eternal life.[49] The Christian can be serene in the face of death because of Jesus' promise: "In my Father's house there are many dwelling places . . . I am going to prepare a place for you" (John 14:2).[50] Life and death are not polar opposites but points on a continuum that leads to eternal life.

3. Christian Hope and Joy

Hope is an essential component of the Christian response to suffering and death. Persons with AIDS and their families and loved ones need prayer and spiritual support to sustain them in hope. At the very heart of human life lie profound questions about meaning, identity, individual and communal destiny, transcendence, reconciliation, love, God. This is the context of Pope Paul VI's words concerning Christian hope: "It is indeed in the midst of their distress that our fellowmen need to know joy, to hear its song."[51]

The lives of holy men and women offer many examples of hope and joy in the midst of difficulties and sufferings. One thinks of St. Therese of Lisieux, a young woman who suffered greatly, and who courageously abandoned herself into the hands of God, entrusting her littleness to him. One thinks of the message of Mother Teresa of Calcutta, who reminds us constantly that love is stronger than hatred, life than death, and that the lives of ordinary people bear witness time and again to the human capacity for extraordinary courage and compassion. Persons with AIDS, she holds, are Jesus among us. Christian hope and joy guard us against the temptation to desert them—and him.

4. Ministry to Persons with HIV/AIDS

The Church offers all its members the rich treasury of grace through its sacramental life. For those who are ill, the Church offers the Sacrament of the Anointing of the Sick, together with the Sacrament of Penance and the Eucharist. These encounters with Christ in forgiveness, healing, and the restoration of the life of grace are profound moments of conversion and renewal. For family members, as well as health-care workers, these same sacramental sources of grace provide the inner strength and needed hope that the world cannot give. We encourage all who minister in the Church to bring the full sacramental life of Christ to those who most need to be touched by his healing hand.

We urge daily prayer for those suffering from HIV and AIDS. We also encourage dioceses to provide qualified priests, deacons, religious, and lay people who will communicate the necessary information about HIV/AIDS. Every diocese should have a list of resource persons and support systems for persons with HIV/AIDS and their families. Where appropriate, a diocese should also have a person responsible for coordinating its ministry in this area. Dioceses should likewise develop training programs for those who minister to people affected by

AIDS (e.g., eucharistic ministers in hospitals, visitors to the sick, confessors, and counselors). Catholic health facilities should continue to provide local professional leadership in responding to the needs.

5. The Church and Those Who Suffer

In sum, then, in its ministry to and for persons with HIV/AIDS, the Church calls everyone to conversion; offers sacramental reconciliation and human consolation; seeks to assist all those who suffer; proclaims faith's explanations of suffering, sin, and death in the light of the cross and the resurrection; and accompanies those who suffer on their journey of life while helping them face death in the light of Christ. We recall again the words of *Salvifici Doloris*:

> In the messianic program of Christ, which is at the same time the program of the Kingdom of God, suffering is present in the world in order to release love, in order to give birth to works of love towards neighbor, in order to transform the whole of human civilization into a "civilization of love" (n. 30).

We offer this document in response to the need—of the nation; the Church; and countless communities, families, and individuals—to confront the crisis of HIV and AIDS. The crisis continues, but it can be met with understanding, justice, reason, and deep faith.

HIV/AIDS brings with it new anguish and new terrors and anxiety, new trials of pain and endurance, new occasions for compassion. But it cannot change one enduring fact: God's love for us all. We proclaim anew this message: "God so loved the world that he gave his only Son, so that everyone who believes in him should not perish but might have eternal life" (John 3:16).

Notes

1. "None of us lives for oneself, and no one dies for oneself. For if we live, we live for the Lord, and if we die, we die for the Lord; so then, whether we live or die, we are the Lord's" (Romans 14:7-8).

2. United States Catholic Conference Administrative Board, *The Many Faces of AIDS: A Gospel Response* (Washington, D.C.: USCC Office for Publishing and Promotion Services, 1987).

3. Ibid., p. 6. *The Many Faces of AIDS* treated nine basic topics: (1) gospel values; (2) facts about AIDS; (3) societal responsibilities; (4) health-care professionals/institutions; (5) testing; (6) persons with AIDS; (7) public policy; (8) pastoral issues; and (9) prevention of AIDS.

4. See "AIDS Discussion at June Bishops' Meeting," *Origins* 17 (1988) 726; and "AIDS Statement: Proposal of Cardinal Bernardin Accepted," *Origins* 18 (1988) 118-120. The precise motion was:

> . . . That the president appoint an ad hoc committee to prepare a new, updated statement on the AIDS crisis which will respond to the new facts, fears and efforts which have emerged in recent months. The committee, in preparing the new statement, will have the benefit of the extant board statement on AIDS (*The Many Faces of AIDS: A Gospel Response*), the discussions which have taken place since its publication, dialogue with the Congregation for the Doctrine of the Faith and participation by all the bishops in open, plenary session.

5. *Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic* (Washington, D.C.: June 1988); citation here, IV, 115.

6. *Sollicitudo Rei Socialis* (December 30, 1987) n. 41.

7. The chapters of this report are: Incidence and Prevalence; Patient Care; Health Care Providers; Basic Research, Vaccine, and Drug Development; The Public Health System; Prevention; Education; Societal Issues; Legal and Ethical Issues; Financing Health Care; The International Response; and Guidance for the Future.

8. HIV and AIDS statistics change rapidly. Here we present only some

current data. The Centers for Disease Control (CDC) projects, for example, that by 1992, 20,000 AIDS cases nationally will have been diagnosed in those who had blood transfusions before HIV screening in early 1985. The CDC also reports the alarming statistic that presently there is a 0.2 percent rate of HIV infection among 16,861 college students. The General Accounting Office maintains that AIDS cases are now underreported, with the true toll a third higher than reported. In addition, 2 percent of those infected are under 13 years of age; 58 percent are white; 26 percent are African American; 15 percent are Hispanic and 1 percent are Asian and Pacific Islanders. As we write, figures for those with AIDS vary slightly (not substantially), depending on the source. See *Aids: Sexual Behavior and Intravenous Drug Use*, Charles F. Turner, Heather G. Miller and Lincoln E. Moses, eds. (Washington, D.C.: National Academy Press, 1989).

- 73 percent are homosexual and bisexual men
- 17 percent are IV drug users
- 3 percent are those without a well-defined risk factor
- 1 percent are children
- 1.6 percent were infected by blood transfusions
- 1 percent are hemophiliacs
- 1 percent are heterosexuals exposed to those in risk categories.

9. See "The Epidemiology of AIDS in the U.S.," *Scientific American* (October 1988) 72-81; and "Prevalence of HIV Infection Among Intravenous Drug Users in the United States," *Journal of the American Medical Association* 261 (1989) 2677-2684. Newborn children of HIV-seropositive women carry the maternal antibody to HIV, even though the infants themselves may not be infected. The maternal antibodies disappear from the infant's blood after a time if the baby is not infected. The Institute of Medicine/National Academy of Sciences 1988 report estimated that there is a 30-50 percent risk of perinatal HIV transmission from an infected mother to her child.

10. "Report from Montreal: The Fifth International AIDS Conference," *AIDS Commentary*, Bernard McNamara, M.D., ed. (Los Angeles: Design Alliance to Combat AIDS [DAC], 1989). Dr. Jonathan Mann, chief of the World Health Organization's AIDS Campaign, spoke of the epidemic's history in the first eight years during which its existence was known. He indicated that between 5 and 10 million people have been infected worldwide. He said that half were in Africa, 40 percent in America, less than 10 percent in Europe, and only a tiny

a tiny fraction in Asia and the Pacific Islands. Mann further spoke of a disturbing change, namely, that the epidemic is exploding in countries such as Thailand, where viral infections have multiplied twenty-fold among intravenous drug users and more than tenfold among prostitutes. He indicated that in West Africa the epidemic is spreading swiftly in many of this continent's larger cities. As another example, in Brazil, a new urban epidemic of cocaine injection has caused a threefold rise in AIDS infections; and in Spain and Italy infections originating in drug abuse now account for more than 60 percent of all AIDS cases. By the turn of this century, Mann said, at least 6 million people will have the disease or will have died from it. The startling numbers of homeless people infected with the HIV virus in a number of major American cities reflect the high number of intravenous drug abusers and young homosexual runaway men among the homeless population. At the present time, nowhere in the world is the AIDS epidemic more devastating than in New York City.

11. Researchers indicate that people who were over forty years old when infected are four to eight times as likely to develop AIDS within seven years as people who were under twenty. People who are older progress to AIDS at a significantly greater rate than teenagers or young adults. In addition, Richard P. Keeling, president of the American College Health Association, has recently said: "We are more disturbed than heartened. Because of patterns of sexual activity and drug abuse among college students, it is possible that there could be further significant spread of HIV in this population." See the *New York Times* (May 21, 1989) 16; and the *Washington Post* (May 23, 1989) A5. Although researchers have learned a great deal about how HIV spreads, they are still struggling with some extremely important questions. For example, why are the patterns of AIDS virus infectivity so different in Africa and North America? In Africa, almost all of the cases occur in heterosexuals, affecting men and women equally; in North America, the disease primarily strikes male homosexuals. Recent studies indicate that lack of circumcision alone increased the likelihood of AIDS infection some five- to eightfold, whereas a history of genital ulcers alone increased it four- to fivefold. See "Circumcision May Protect Against the AIDS Virus," *Science* 245 (1989) 470-471.

12. "The Epidemiology of AIDS in the U.S.," William L. Heyward and James W. Curran, *Scientific American* (October 1988) 72-81. An additional complication concerns the mysterious mutations of the AIDS virus. Up to now, researchers have encountered over two hundred. Although there is scientific controversy regarding these mutations, it is clear that the family of human retroviruses is on the increase.

13. *AIDS: Living and Dying with Hope,* Walter J. Smith, SJ (New York: Paulist Press, 1988) 1-16.Two technical terms are frequently used in discussions of epidemic diseases: *incidence* and *prevalence.* Incidence denotes the rate of occurrence of new infections per unit of time (e.g., per year). Thus, an incidence of .03 per year in some group means that new infections occurred in 3 percent of the group during the year in question. Prevalence denotes that proportion of a group that is currently infected. A prevalence of .10 means that 10 percent of the group is currently infected. The retrovirus responsible for AIDS infects and leads to the death of T helper cells, with resultant dysfunction of the immune system. It was originally referred to as *Human T-cell Lymphotrophic Virus Type III* (HTLV-III) and more cumbersomely as HTLV-LAV-III (*lymphpadenopathy-associated virus*). Most literature now follows the usage of the International Committee on the Taxonomy of Viruses: *Human Immunodeficiency Virus* (HIV).

14. See National Research Council, *AIDS: Sexual Behavior and Intravenous Drug Use* (Washington, D.C.: National Academy Press, 1989). See also I:5 in this paper.

15. In their *Statement on AIDS,* the Canadian bishops stated, "[W]e must do all we can to overcome [fear] because there is danger that fear will sap the energies we need to face this disease" (*Origins* 19 [1989] 25-27, citation at 25-26).

16. *Gaudium et Spes* (December 7, 1965) n. 1.

17. *New York Times* (May 1989) A5.

18. John Paul II, *On the Christian Meaning of Human Suffering,* (Washington, D.C.: USCC Office for Publishing and Promotion Services, 1984) n. 29. The pope emphasized this same point in speaking to the United States Catholic health-care leaders in 1987:

> Besides your professional contribution and your human sensitivities toward all affected by this disease, you are called to show the love and compassion of Christ and his Church. As you courageously affirm and implement your moral obligation and social responsibility to help those who suffer, you are, individually and collectively, living out the parable of the Good Samaritan (see Luke 10:30-37) (*Unity in the Work of Service: John Paul II on the Occasion of His Second Pastoral Visit to the United States* [Washington, D.C.: USCC Office for Publishing and Promotion Services, 1987] p. 103).

19. See Karol Wojtyla, *Love and Responsibility* (New York: Farrar, 1981) 202.

> Tenderness . . . springs from awareness of the inner state of another person (and indirectly of that person's external situation, which conditions his inner state) and whoever feels it actively seeks to communicate his feeling of close involvement with the other person and his situation. This closeness is the result of an emotional commitment: That sentiment enables us to feel close to another "I." . . . Hence also the need actively to communicate the feeling of closeness, so that tenderness shows itself in certain outward actions which of their very nature reflect their inner approximation to another "I."

20. *Unity in the Work of Service*, p. 185.

21. See *Gaudium et Spes*, especially chapter II, and *Mulieris Dignitatem*, n. 7.

22. Scripture teaches that love of God cannot be separated from love of neighbor: "If there is any other commandment, it is summed up in this saying, 'You shalt love thy neighbor as yourself'" (Romans 13:9-10; 1 John 4:20).

23. Pope John Paul II has addressed this point on various occasions: see *L'Osservatore Romano*, 10 September 1979; 17 September 1979; 24 September 1979; 1 October 1979; 15 October 1979; 29 October 1979; 5 November 1979; 12 November 1979; 19 November 1979; 26 November 1979; 17 December 1979; 24 December 1979; 7 January 1980; 14 January 1980; 21 January 1980; 4 February 1980; 11 February 1980; 18 February 1980; 25 February 1980; 10 March 1980; 17 March 1980; 31 March 1980; 21 April 1980; 28 April 1980; 5 May 1980; 19 May 1980; 2 June 1980; 23 June 1980; 30 June 1980; 28 July 1980; 4 August 1980; 11 August 1980; 25 August 1980; 1 September 1980; 8 September 1980; 15 September 1980; 22 September 1980; 29 September 1980; 6 October 1980; 13 October 1980; 20 October 1980; 27 October 1980; 3 November 1980; 10 November 1980; 17 November 1980; 8 December 1980; 15 December 1980; 29 December 1980; 12 January 1981; 19 January 1981; 2 February 1981; 9 February 1981; 16 February 1981; 23 March 1981; 6 April 1981; and 13 April 1981; and "On Human Sexuality and Personhood," February 20, 1981, cited in James V. Schall, SJ, ed., *Sacred in All Its Forms*, 287-290.

24. Cardinal Joseph Ratzinger has spoken to this same point:

> In a society which seems increasingly to downgrade the value of chastity, conjugal fidelity and temperance, and to be preoccupied sometimes almost exclusively with physical health and temporal well-being, the church's responsibility is to give that kind of witness which is proper to her, namely an unequivocal witness of effective and unreserved solidarity with those who are suffering and, at the same time, a witness of defense of the dignity of human sexuality which can only be realized within the context of moral law (*Origins* 18 [1988] 117-118; citation at 118).

25. "The Los Angeles Youth Assembly and Teleconference," John Paul II, *Origins* 17 (1987) citation at 275.

26. See "Parents Disturbed by TV Content" and "Dating is Strongest Peer Pressure Among Teens," Princeton Religion Research Center, *Emerging Trends* 11 (1989) 1-3; 5. See also Pontifical Council for Social Communications, *Pornography and Violence in the Communications Media: A Pastoral Response* (May 7, 1989) (Washington, D.C.: USCC Office for Publishing and Promotion Services, 1989).

27. *Unity in the Work of Service*, p. 63.

28. See "All You Need Is Love," James J. DiGiacomo, *America* 156 (1987) 126-129; and "Dating is Strongest Peer Pressure Among Teens," Princeton Religion Research Center, *Emerging Trends* 11 (1989) 5.

29. See the Pennsylvania Catholic Bishops, *To Love and To Be Loved* (Harrisburg: Pennsylvania Catholic Conference, 1989).

30. "Given the very high background rate of HIV it is clear that relapses from safe sex, however occasional, constitute a threat to the health of gay men in San Francisco and other cities" (Dawn Garcia, "Unsafe Sex Practices," *San Francisco Chronicle* [March 11, 1989]). The article reported on a study by Ron Stall and Maria Ekstrand released in February 1989 by the Center for AIDS Prevention Studies at the University of California-San Francisco, which reported that relapses into "unsafe" sex practices are increasing among gay men. Their study of 453 men showed a decline of 59 percent in high-risk sexual behavior between 1984 and 1987; 15.7 percent of those studied had at least one incident of relapse into "unsafe" sex practices.

31. Congregation for the Doctrine of the Faith, *Persona Humana* (December 29, 1975) n. 8.

32. Congregation for the Doctrine of the Faith, *Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons* (October 1, 1986) n. 3. This document importantly teaches that:

> From this multifaceted approach there are numerous advantages to be gained, not the least of which is the realization that a homosexual person, as every human being, deeply needs to be nourished at many different levels simultaneously. The human person, made in the image and likeness of God, can hardly be adequately described by a reductionist reference to his or her sexual orientation. Everyone living on the face of the earth has personal problems and difficulties, but challenges to growth, strengths, talents and gifts as well. Today the Church provides a badly needed context for the care of the human person when she refuses to consider the person as a "heterosexual" or a "homosexual" and insists that every person has a fundamental identity: the creature of God, and by grace, His child and heir to eternal life (n. 16).

Homosexual activity has been one of the main transmitters of HIV virus. In this light, it is of critical importance to heed the Church's teaching regarding homosexual activity, which affirms the basic complementarity of the sexes and the intrinsic "spousal significance" of the human body.

33. NCCB Committee on Pastoral Research and Practices, *Principles to Guide Confessors in Questions of Homosexuality* (Washington, D.C.: USCC Office for Publishing and Promotion Services, 1973) pp. 9, 11:

> The confessor should encourage the person to form stable relationships with persons of both sexes. . . . Two other elements which should be stressed are regular access to spiritual direction and the formation of a stable friendship with at least one person. One of the greatest difficulties for the homosexual is the formation of such a friendship. . . . If a homosexual has progressed under the direction of a confessor, but in the effort to develop a stable relationship with a given person has *occasionally* fallen into a sin of impurity, he should be absolved and instructed to take measures to avoid the elements which lead to sin without breaking off a friendship which has helped him grow as a person. If the relationship, however, has reached a stage where the homosexual is not able to avoid overt actions, he should be admonished to break off the relationship.

34. "AIDS and IV Drug Use," Don C. Jarlais and Samuel R. Friedman, *Science* 245 (1989) 578. A correlation between the use of volatile amyl and butyl nitrites (poppers) and the development of Kaposi's sarcoma has also been demonstrated. Although not directly linked to AIDS, alcohol, marijuana, cocaine, and amphetamines have been demonstrated to be immunosuppressant, and their use may accelerate disease progression from HIV infection to AIDS.

35. In 1972, Pope Paul VI pointed out this urgent need: "It is indispensable to mobilize public opinion through clear and precise information on the nature and true and deadly consequences of drug abuse, about those misunderstandings which are circulating on its presumed harmlessness and on its beneficial influences" (*Insegnamenti di Paolo* VI 10 [1972] 1286). Pope John Paul II has also spoken of this contemporary scourge:

> Neither alarmism nor over-simplification serve to confront drug abuse. Rather, what is effective is an effort to know the individual and understand his interior world; to lead him to the discovery, or rediscovery, of his own dignity as man; to help him to revive and nurture those personal resources that drugs have buried, by reactivating the mechanisms of the will and directing them toward certain and noble ideals ("The Evil of Drugs," John Paul II, *The Pope Speaks* 29 (1984) 356-359: citation at 357.).

36. See "Recommendations for Control and Prevention of *Human Immunodeficiency Virus* (HIV) Infection in Intravenous Drug Users," Philip W. Brickner, M.D., et al., *Perspective: Annals of Internal Medicine* 110 (1989) 833-837. Despite the lack of data on the number of female prostitutes, available data suggest that the majority of prostitutes who have become infected with HIV in the United States have not become infected through sexual behavior. Most AIDS cases among women in the United States have occurred in women who use IV drugs. Although it is seldom possible to disentangle completely the effects of sexual transmission from drug-related transmission, the fact that there are relatively few women with HIV infection who are not IV drug users suggests that shared injection equipment—rather than sexual activity—has been the most significant transmission factor among female prostitutes. Medical advances are only just beginning to develop programs for polysubstance abusers.

37. Milton C. Weinstein, and others, "Cost Effectiveness Analysis of AIDS Prevention," in Charles F. Turner and others, eds., *AIDS: Sexual Behavior and Intravenous Drug Use* (Washington, D.C.:

National Research Council, 1989) 498. See "Can You Rely on Condoms?" *Consumer Reports* 157 (1989) 135-140.

38. See *Gaudium et Spes*, II, chapter 1, for a precise presentation of the Church's teaching on the nobility of marriage and the family; also John Paul II, *Familiaris Consortio* (*Community of the Family*) (November 22, 1981).

39. See "National Federation of Catholic Physicians' Guilds Proposed Position Paper: Statement on Prevention of AIDS By Condoms," *Linacre Quarterly* 55 (1988) 12-15; *The Many Faces of AIDS*; and *AIDS: A Catholic Educational Approach* (Washington, D.C.: National Catholic Educational Association, 1988).

40. In August 1989, the National Institutes of Health announced that new studies have found that AZT is effective in slowing the development of AIDS in people who have not yet contracted the disease but who exhibit its earliest signs. The studies also found that people with early symptoms of HIV infection not only can benefit from AZT but also suffer far fewer of the toxic side effects that mark the use of the drug among people with AIDS. This research, conducted by a division of the National Institutes of Health, shows that AZT dramatically slows the multiplication of HIV virus in people with mild symptoms of the disease, such as diarrhea, thrush, or a chronic rash. Until this time, AZT was thought to be effective only in patients with more advanced cases of AIDS. This study, called Protocol 019, has several implications:

> 1. All those who may have been infected with HIV should undergo immediate testing for the virus. This counsel rests on certain clear assumptions: the growing accuracy of the HIV test; increased guarantees of confidentiality; the growth of proper counseling both before and after the test; the enactment of effective city, state, and federal antidiscrimination laws.
> 2. AZT treatment now costs $8,000.00 per person per year, and other drugs and diagnostic tests are needed in the treatment of HIV/AIDS sufferers. It is thus crucial to provide financial and medical resources to assist persons with the HIV disease.

41. "Ethical Issues Involved in the Growing AIDS Crisis," *Council Report: The Journal of the American Medical Association* 259 (1988). We recall the 1987 determination by the Council on Ethical and

Judicial Affairs of the American Medical Association that refusing treatment to the afflicted is unethical. Also, Dr. Edmund Pellegrino, director of the Kennedy Institute of Ethics, has stated: "A medical need in itself constitutes a moral claim on those equipped to help." This echoes John Paul's words to the Catholic Health Association in Phoenix in 1987, when he spoke of "your moral obligation and social responsibility to help those who suffer" from AIDS and said: "You are called to show the love and compassion of Christ and his Church."

42. The 1988 meeting of the American Medical Association stated: "The Board recommends continued support for adequate funding for all aspects of this epidemic including education, research and patient care" (Proceedings, 210).

43. Cited in the *Los Angeles Tidings* (May 26, 1989) 1. The *Statement of the Holy See on the International Year of the Disabled* also affirms:

> The first principle . . . is that the disabled person (whether the disability be the result of a congenital handicap, chronic illness or accident, or from mental or physical deficiency, and whatever the severity of the disability) is a fully human subject with the corresponding innate, sacred and inviolable rights . . . This principle, which stems from the upright conscience of humanity, must be made the inviolable basis of legislation and society (*Origins* 10 [1981] citation at 747).

44. See Betty Clare Moffat, *When Someone You Love Has AIDS* (New Jersey: IBS Press, 1986); Barbara Peabody, *The Screaming Room* (Avon: Oak Tree Publications, 1986); Walter J. Smith, SJ, *AIDS: Living and Dying with Hope* (New York: Paulist Press, 1988) and William C. Spohn, SJ, "The Moral Dimension of AIDS," *Theological Studies* 49 (1988) 89-109. See also, *Shadow on the Family: AIDS in Religious Life,* The Catholic Health Association, Conference of Major Superiors of Men, 1988; and *The Gospel Alive*, The Catholic Health Association and the Conference of Major Religious Superiors of Men's Institutes (St. Louis: The Catholic Health Association, 1988).

45. See James Childress, "An Ethical Framework for Assessing Policies to Screen for Antibodies to HIV," *AIDS and Public Policy Journal* 2 (1987) 28-31. It may be appropriate for seminaries and religious communities to screen for the HIV antibody. In regard to candidates for the priesthood, Canon 241:1 is pertinent:

> The diocesan bishop is to admit to the major seminary only those who are judged capable of dedicating themselves permanently to the sacred ministries in light of their human, moral, spiritual and intellectual characteristics, their physical and psychological health and their proper motivation (*Code of Canon Law*, Latin-English Edition, Canon Law Society of America).

The point here is not to automatically exclude a candidate who is HIV-positive but rather to discern carefully this person's present health situation as well as future health prospects and thus to make an overall moral assessment of an individual's capacity to carry out ministerial responsibilties. Canon 642 is relevant in terms of admission to a religious community:

> Superiors are to be vigilant about admitting only those who, besides the required age, have health, suitable character and sufficient qualities of maturity to embrace the particular life of the institute. . . .

46. The 1983 document of the National Conference of Catholic Bishops, *Pastoral Care of the Sick: Rites of Anointing and Viaticum* is instructive to this point: "Although closely linked with the human condition, sickness cannot as a general rule be regarded as a punishment inflicted on each individual for personal sins" (*The Rites of the Catholic Church* [New York: Pueblo Publishing Company, 1983] 593-740; citation at n. 2).

47. "The Cross of Suffering," John Paul II, July 8, 1980, cited in Schall, op. cit., 106-111; citation at 108. See also "The Mystery of Life and Death," John Paul II, *Origins* 15 (1985-1986) 415-417.

48. Pope John Paul II has explained: "Suffering has a special value in the eyes of the Church. It is something good, before which the Church bows down in reverence with all the depth of her faith in the redemption . . . " (*On the Christian Meaning of Human Suffering*, nn. 1-8).

49. "Every Human Death: A Reflection of the Death of Christ," John Paul II, *L'Osservatore Romano* 15 (1985) 3-4; citation at 4.

50. See also "Death and Eternity," John Paul II, *L'Osservatore Romano* 45 (1988) 5. See also, Psalm 27:1-4.

51. Paul VI, *On Christian Joy* (Washington, D.C.: USCC Office for Publishing and Promotion Services, 1975) n. 8.

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